



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: Wagle, et al.  
SERIAL NUMBER: 10/691,839 EXAMINER : Not Yet Assigned  
FILING DATE: October 23, 2003 ART UNIT : Not Yet Assigned  
FOR: METHOD FOR TREATING FIBROTIC DISEASES OR OTHER  
INDICATIONS III C

**MAIL STOP IDS**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Pursuant to the duty of disclosure under 37 C.F.R. §§1.56, 1.97 and 1.98, Applicants hereby make of record the documents listed on the attached modified Form PTO-1449, as well as copies of the listed documents.

This Supplemental Information Disclosure Statement is being filed before the mailing date of a first Office Action based on the merits in the above-identified case. Accordingly, no fee or certification is believed required.

It is respectfully requested that the Examiner consider completely the cited information, along with any other information, in reaching a determination concerning the patentability of the present claims, and sign the enclosed form PTO-1449 to evidence that the cited information has been fully considered by the Patent and Trademark Office during the examination of this application.

By submitting this Supplemental Information Disclosure Statement, the Applicants make no representation that: (1) a search has been performed, of the extent of any search performed, or that more relevant information does not exist; (2) the information cited in the Statement is, or is considered to be, material to patentability as defined in 37 C.F.R. §1.56(b); and (3) the information cited in the Statement is, or is considered to be, in fact, prior art as defined by 35 U.S.C. §102.

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U.S.S.N.: 10/691,839

Notwithstanding any statements by the Applicants, the Examiner is urged to form his/her own conclusion regarding the relevance of the cited information. An early and favorable action is hereby requested.

Please charge any fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 26448-512 CON.

Respectfully submitted,

 Matthew Pano Reg No 50,572  
I: Ivor R. Elrifi, Reg. No. 39,529

Attorney for Applicants  
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Date: January 21, 2004

TRA 1876497v1

Please type a plus sign (+) in this box



Modified Form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)	<b>Application Number</b>	10/691,839
	<b>Filing Date</b>	October 23, 2003
	<b>First Named Inventor</b>	Wagle
	<b>Group Art Unit</b>	Not Yet Assigned
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket Number</b>	26448-512 CON

U.S. PATENT DOCUMENTS							
Exam Initials	Cite No.	U.S. Patent Document No.	Issue Date	Name of Patentee(s) or Applicant(s)	Class	Sub Class	Filing Date If Appropriate

FOREIGN PATENT DOCUMENTS							
Exam Initials	Cite No.	Foreign Patent Document Office Number		Name of Patentee(s) or Applicant(s)	Date of Publication	Translation Yes No	
	B1	WO	01/25209 A1	SANKARANARAYANAN, Alangudi	04/12/01	Yes	

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS		
Exam Initials	Cite No.	Name of Author, Title (when appropriate), Publication, Volume, Page(s), Date, Etc.

\* a copy of this reference is not provided as it was previously cited by or submitted to the office in a prior application, Serial No.: \_\_\_\_\_, filed \_\_\_\_\_, and relied upon for an earlier filing date under 35 U.S.C. §120 (continuation, continuation-in-part, and divisional applications).

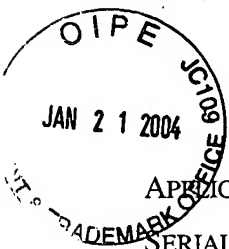
Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered.

Include copy of this form with next communication to applicant.

Express Mail Label No.: EV 312717750 US  
Date of Deposit: January 21, 2004

Attorney Docket No.: 26448-512 CON



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**Mail Stop IDS**

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**TRANSMITTAL LETTER**

Transmitted herewith for filing in the present application are the following documents:

1. Supplemental Information Disclosure Statement (2 pages), in duplicate;
2. Modified Form 1449/PTO (1 page), in duplicate;
3. Copies of Cited Reference B1; and
4. Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 542-6000, Boston, Massachusetts.

The Commissioner is authorized to charge any fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311 Ref. No. 26448-512 CON. A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,

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